

DT15 Rec'd PCT/PTO 31 JAN 2005

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD AND DEVICE FOR INTERCONNECTION OF TWO TUBULAR ORGANS
Attorney Docket Number::	3651-1025
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: INDIA
Status:: Full Capacity
Given Name:: SUMIT
Middle Name::
Family Name:: ROY
Name Suffix::
City of Residence:: OSLO
State or Province of
Residence::
Country of Residence:: NORWAY
Street of Mailing VAEKEROVEIEN 106
Address::
City of Mailing Address:: OSLO
State or Province of Mailing Address::
Country of Mailing Address:: NORWAY
Postal or Zip Code of Mailing Address:: N-0383

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NORWAY
Status:: Full Capacity
Given Name:: ERIK
Middle Name::
Family Name:: FOSSE
Name Suffix::
City of Residence:: OSLO
State or Province of
Residence::
Country of Residence:: NORWAY
Street of Mailing MARIDALSVEIEN 71B
Address::
City of Mailing Address:: OSLO

State or Province of Mailing Address::

Country of Mailing Address:: NORWAY

Postal or Zip Code of Mailing Address:: N-0458

Applicant Authority Type:: Inventor

Primary Citizenship Country:: NORWAY

Status:: Full Capacity

Given Name:: OLE

Middle Name:: JAKOB

Family Name:: ELLE

Name Suffix::

City of Residence:: OSLO

State or Province of
Residence::

Country of Residence:: NORWAY

Street of Mailing Address:: JOLLY KRAMER-JOHANSENSGT. 8

City of Mailing Address:: OSLO

State or Province of Mailing Address::

Country of Mailing Address:: NORWAY

Postal or Zip Code of Mailing Address:: N-0475

Correspondence Information

Correspondence Customer

Number::

00466

Representative Information

Representative Customer

Number::

00466

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NO2003/000258	7/25/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NORWAY	20023605	7/29/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::